



Additional Living Expense Worksheet

Insured: _____ Claim No.: _____

Class of construction involved: Masonry Frame Combination

Size of family: No. of Adults: _____ No. of Children and ages: _____ Pets: _____

Adjuster's estimate of time to restore occupancy: _____ weeks. Contractor's estimate of time to restore occupancy: _____ weeks.

Incurred Expenses

	Actual	Normal	Abated or Reduced	Gross Increase
Food				
Rent or Mortgage Payment				
Gas				
Water				
Electricity				
Telephone				
Heat				
Laundry and Dry Cleaning				
Transportation				
Other:				
Totals	\$	\$	\$	\$
Less Abated or Reduced Expenses				(\$)
Net Increase or Claim				\$

Insured's temporary residence: _____

Remarks: _____

Notice: "A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."

Insured: _____ Date: _____

Adjuster: _____ Date: _____